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[www.TelehealthResourceCenter.org](http://www.TelehealthResourceCenter.org)

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August 29, 2019

Federal Communications Commission  
445 12th Street, SW  
Washington, DC 20554

**RE: WC Docket No. 18-213 – Promoting Telehealth for Low-Income Consumers**

Dear Commissioners,

On behalf of the National Consortium of Telehealth Resource Centers (NCTRC), we would like to thank the Commission for this opportunity to comment on the proposed pilot for *Promoting Telehealth for Low-Income Consumers* (“Pilot”). The NCTRC is made up of the fourteen federally funded telehealth resource centers (TRCs). There are twelve regional TRCs (RTRC) which cover specific states and two national TRCs that focus on technology and policy. The fourteen TRCs work collaboratively together to ensure efficient use of federal funds, reduce duplications and ensure accuracy of information. The Center for Connected Health Policy (CCHP), the national TRC on policy, acts as the Administrator for the NCTRC.

The NCTRC applauds the concept and intent of the Pilot. Telehealth has shown to be an effective and efficient means of providing health services, particularly for those in underserved and rural areas. However, many barriers, some operational and some policy, remain. The Pilot will be valuable in providing information to help inform decisions that will be made in the future.

We would like to comment on three specific items, paragraphs 26, 45, and 54, as well as the question of covering administrative expenses.

**Paragraph 26**

The NPRM appropriately recognizes that funding should not be limited to eligible telecommunications carriers (“ETCs”), but the proposal to limit funding to Broadband Internet Access Service, excluding end-user devices, would hamper the success of the pilot program. Patients without broadband connectivity will also lack the broadband-capable devices—such as tablets, peripherals, and applications—that are needed to receive connected care. Failure to cover these costs where they are truly needed would diminish the reach and effectiveness of the pilot.

**Paragraph 45**

In this paragraph, the Commission solicits feedback on whether eligible providers should be limited to “health care providers that are federally designated as Telehealth Resource Centers or as Telehealth Centers of Excellence.” As for the TRCs, we do not act as providers of health care services. The TRC program is set up to provide technical assistance to those, such as providers, interested in starting or further advancing telehealth programs. While having the eligible providers for the Pilot be limited to the



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TRCs and/or the Centers of Excellence would not be feasible, we do think that awardees in the pilot should engage with their RTRC for assistance in their awarded program.

#### **Paragraph 54**

In paragraph 54, the Commission asks should the TRCs be consulted in the review and selection of Pilot projects. To this we reply that yes, the NCTRC and its fourteen members should be involved in the review and selection process. Cumulatively, the fourteen TRCs have several decades of experience related to telehealth from starting a program, to workflow, technology and policy. There is no other group that is as knowledgeable and experienced in this space. What the TRCs can bring is an eye to seeing if a proposed pilot is actually feasible given the environment and what the applicant is trying to do. The only issue that may arise but is easily addressed, is that due to reach and breadth of the TRCs in the telehealth realm, a particular member may know an applicant or may have provided some technical assistance to the applicant in the past, thereby creating a conflict of interest. That is easily remedied by utilizing a different TRC in another region who does not have a relationship with such an applicant.

#### **Lack of Coverage for Administrative Expenses**

The proposal for the pilots does not include funds to cover administrative expenses for the project. We fear this lack of funding may limit the types of applicants who will be submitting proposals. Without funding to cover program costs, many of the rural entities such as community health clinics, will not be able to submit proposals to this project as they will lack the resources to cover those costs, especially if they are expected to gather and report on data collected from the pilot. Only larger entities or established, mature programs will likely be able to cover programmatic expenses and not some of the smaller, rural entities the FCC may wish to fund.

The NCTRC hopes these brief comments provide useful feedback for the proposed pilot. We are ready to answer any questions you may have. Please feel free to contact us at [meik@cchpca.org](mailto:meik@cchpca.org) or 877-707-7172.

Respectfully,

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Executive Director, Center for Connected Health Policy

#### **NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS**

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Great Plains Telehealth Resource and Assistance Center  
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